



REQUEST FOR ACH SERVICES

Office of the State Treasurer Arizona
1700 W. Washington Street, Suite 102, Phoenix, AZ 85007
Send completed form to banking@aztreasury.gov
(Type or print information)

Agency and Requestor Information:

Date: _____

Agency Name: _____

Agency Address: _____

Requestor Name: _____

Requestor Phone Number: _____

Requestor Email: _____

Banking Information:

Existing Account Number: _____ CashPro ID: _____

Bank Account Name: _____

Request New Bank Account Number, Please complete page 2, "Request for Agency Bank Account
for ACH Services" form.

ACH Request Type: _____**ACH Setup Information:**

- Anticipated Total Dollar Amount per File: _____
- Antipated Number of Transactions per File: _____
- Payment Type: Consumer Corporate Both
- Transaction Type: Debits Credits Both

*** Information Required for ACH Transmission only:**

Primary Contact Name: _____ Title: _____

Primary Contact Email: _____ Phone: _____

IT Contact Name: _____ Title: _____

IT Contact Email: _____ Phone: _____

Process Frequency: _____

- Reports: ➤ ACH Acknowledge File of Receipt
➤ ACH Requested Deletes and Reversals
➤ ACH Returned Item Report - AM

Signature of Requestor_____
Signature of Agency Head_____
Name of Requestor_____
Name of Agency Head_____
Title of Requestor_____
Title of Agency Head**Treasurer's Office Use Only**_____
Received By and Date_____
Approved By and Date

Additional Information:

